

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013174

1. Entity Name

MCKEEVER REPORTING, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90169 035 ***150.00

Principal Place of Business

Mailing Address

1662 PARK TERRACE, WEST
 ATLANTIC BEACH FL 32233

1662 PARK TERRACE, WEST
 ATLANTIC BEACH FL 32233-5610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3301578

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, ELISE M
 1662 PARK TERRACE, WEST
 ATLANTIC BEACH FL 32233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FERNANDEZ, ELISE M**
 STREET ADDRESS **1662 PARK TERRACE, WEST**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elise M. Fernandez **Elise M. Fernandez** 2-20-00 904-241-8174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

P95000013174

617966

**CASHMAN ENTERPRISES, INC.
1662 PARK TERRACE WEST
ATLANTIC BEACH, FLORIDA 32233
904-241-8174
FAX 904-241-2642**

FEBRUARY 20, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir or Madam,

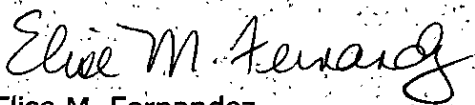
This letter is being sent as an amendment to change the name of my corporation. The current name is McKEEVER REPORTING, INC. The current FEI number is 59-3301578.

I wish to change the name to CASHMAN ENTERPRISES, INC., and wish to keep the officers of the company the same, as well as the address of the business. This is a name change, only.

I have sent my 2000 Uniform Business Report in and have made no changes on it per the instructions. My hope is to get some confirmation that the name change has taken place in the future so I may change my accounts.

Thank you for your prompt attention in this matter. Should you have any questions, please do not hesitate to contact me at the above address or number.

Sincerely,



Elise M. Fernandez
President